

L05000022020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

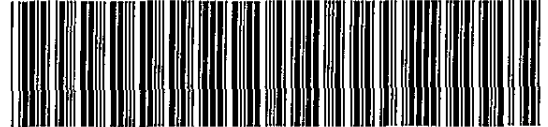
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EYE SPECIALISTS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. ABBAS ABIZADEH ABBEY  
(Name of Person)

ABBEY EYE INSTITUTE, P.A.  
(Firm/Company)

23 N. MADISON STREET  
(Address)

QUINCY, FLORIDA 32351  
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. ABBAS ABBEY at ( 850 ) 627-3600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**EFFECTIVE DATE**  
3/1/05  
**FILED**  
05 MAR - 4 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
EYE SPECIALISTS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be *EYE SPECIALISTS, LLC*, ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the company is:

*EYE SPECIALISTS, LLC  
147 SALEM COURT  
TALLAHASSEE, FLORIDA 32301.*

**ARTICLE III - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the company in the state of Florida are:

*ABBAS A. ABBEY  
147 SALEM COURT  
TALLAHASSEE, FLORIDA 32301*

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated herein, I hereby accept appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in F.S. Chapter 608.

  
\_\_\_\_\_  
Abbas A. Abbey

EFFECTIVE DATE  
3/1/05  
05 MAR - 4 PM 4:40  
FILED  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE V - MANAGER(S) OR MANAGING MEMBER(S):**

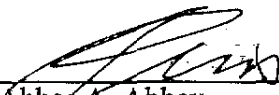
Title:  
Managing Member

Name and Address:  
Abbas A. Abbey  
23 N. Madison Street  
Quincy, FL 32351

**ARTICLE IV - EFFECTIVE DATE**

The effective date of the company shall be MARCH 1, 2005.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Member: Abbas A. Abbey